PATENT APPLICATION FEE DETERMINATION RECOF Effective December 29, 1999

09/601644

| - | | 01.4/222 | | | | | | | <u> </u> | |
|---|---|---|-------------------------------------|---|-----------------------------------|---------------------|------------------------|-------------------------------|-------------------------------|------------------------|
| CLAIMS AS FILED - (Column 1) | | | (Column 2) | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | | |
| FOR NUMBER FILED | | | NUMBER | EXTRA | RATE | /EFF | 7 | RATE | FEE | |
| BASIC FEE | | | | | | 6.00 | OR | | 690.00 | |
| TOTAL CLAIMS | | | | | X\$ 9= | 12 | OR | X\$18= | | |
| INDEPENDENT CLAIMS 3 = * | | | | | | X39= | 100 | 1 | X78= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | ├ | OR | X/0= | |
| • If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | 400 | OR | +260= | |
| OR TOTAL | | | | | | | | | | |
| | CLAIMS AS AMENDED - PART II(Column 1) (Column 2) (Column 3) | | | | | | ENTITY | OR | OTHER SMALL | |
| ~ | | CLAIMS | | HIGHEST | | Ciliate | ADDI- |] | SIMALE | ADDI- |
| ENT A | | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | TIONAL | | RATE | TIONAL FEE |
| AMENDMENT | Total | . 36 | Minus | . 28 | = 8 | X\$ 9= | 72 | OR | X\$18= | Q) |
| ¥ | Independent | • 3 | Minus | ··· 3 | = 0 | X39= | | OR | X78= | P |
| | FIRST PRESE | NTATION OF M | ULTIPLE DEF | PENDENT CLAIM | | 1.2 | | | | |
| | | | | | | +130= | | OR | +260= | |
| | | | | • | | TOTAL ADDIT. FEE | 72 | OR | TOTAL ADDIT. FEE | |
| | Stranden allegan | (Column 1) CLAIMS | Park Carrier | (Column 2) HIGHEST | (Column 3) | | | | | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X\$ 9= | | OR | X\$18= | 1 |
| A ME | Independent | * | Minus | *** | = | X39= | | | X78= | |
| _ | FIRST PRESE | NTATION OF MI | JLTIPLE DEP | ENDENT CLAIM | | 7,44 | | OR | 770- | |
| | | | | | | +130= | | OR | +260= | |
| | | | | | | TOTAL ADDIT, FEE | | OR | TOTAL, ADDIT, FEE | |
| | envisor visor | (Column 1) | | (Column 2) | (Column 3) | | | • | | # |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL |
| | Total | • | Minus | ** | = | X\$ 9= | rec | | V640 | FEE |
| E E | Independent | * | Minus | *** | = | | | OR | X\$18= | |
| ۲ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | X39= | | OR | X78= | |
| • 1 | | | | | · | +130= | | OR | +260= | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE ADDIT. FEE | | | | | | | | | | |
| | i ine Highest Num The Highest Numb | nber Previously Pa per Previously Pai | ald For IN THIS of For (Total or | S SPACE is less that Independent) is the | n 3, enter "3," highest number | - | propriate box | , | NDDIT, FEE l Jmn 1. | · |
| | | | | • | | | | | | E . |